

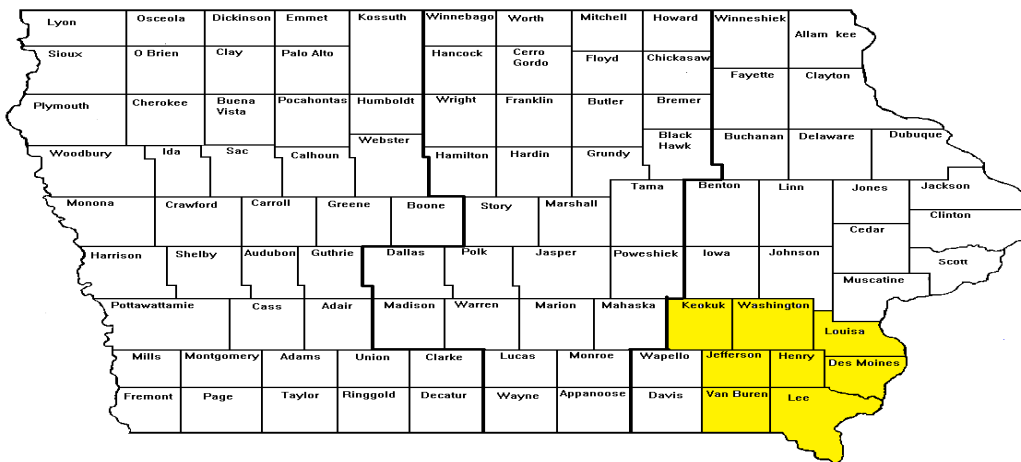
# SOUTHEAST IOWA LINK

## Mental Health and Disability Services

### Regional Service Management Transition Plan

#### Second Draft

Serving Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa,  
Van Buren and Washington Counties



### **Mission:**

Collaborate with people to provide welcoming integrated and individualized services that create opportunities to improve lives.

### **Vision:**

The Vision of Southeast Iowa Link is to facilitate open, quality and comprehensive services to people with multiple issues in their lives. We strive to be welcoming, hopeful and helpful to people who have complex MH/DS challenges, including trauma.

**a. Access Points**

SEIL shall designate the access points and their function(s) in the enrollment process. An access point is a part of the service system or community that shall be trained to complete the MH/DS funding applications for persons with a disability and forward them to the local SEIL Office.

County Office	Address	Phone
Des Moines	910 Cottonwood, Suite 1000, Burlington, IA 52601	319-754-8556
Henry	106 N Jackson St., Suite 102, Mt Pleasant, IA 52641	319-385-4050
Jefferson	Courthouse, 51 E. Briggs, Fairfield, IA 52556	641-472-8637
Keokuk	101 S Main St., Courthouse, 2 <sup>nd</sup> Floor-Room #23, Sigourney, IA 52591	641-622-2383
Lee	933 Avenue H, PO Box 190, Ft Madison, IA 52627 307 Bank St., PO Box 937, Keokuk, IA 52632	319-372-5681 319-524-1052
Louisa	805 Hwy 61N, Wapello, IA 52653	319-523-8815
Van Buren	404 Dodge Street, Courthouse, Keosauqua, IA 52565	319-293-3793
Washington	2175 Lexington Blvd. Bldg. #2, PO Box 902, Washington, IA 52353	319-653-7751

**b. TCM Designation**

SEIL shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program. SEIL has identified and designated the following providers for case management in the SEIL region:

- Des Moines County Case Management
- DHS Targeted Case Management
- Southeast Iowa Case Management
- Any other case management programs developed by a county or group of counties in the region as the regional case management provider.

**c. Service Provider Network**

Agency	Agency
Bridgeway	Home Caring
Counseling Associates	Hope Haven Area Development Corp.
Dr. Kantamneni	Insight Partnership Group
Dr. Ordonia (FM Physician and Surgeons)	Iowa Home Based Services
DHS Targeted Case Management	Mental Health Institute
Family Behavioral Healthcare of Iowa	Optimae Life Services
First Resources	Saint Luke's Hospital
Foundation 2 Crisis Center	Southeast Iowa Case Management
Great River Medical Center	Southeast Iowa Regional Planning
Great River Mental Health	Young House Family Services
Henry County Public Health	
Higgins and Associates	
Hillcrest	

**d. Service Access and Authorization**

Individuals residing in SEIL counties, or their legal representative, may apply for regional funding for services by contacting any SEIL County office which is one of the designated access points (Attachment A) to complete an application (Forms Appendix). All applications shall be forwarded to the County Service office in the county where the applicant lives. That office shall determine eligibility for funding.

The SEIL application shall be used for all applications. If language or other barriers exist, the access points shall follow their county protocol for providing translator services to assist the applicant in the intake process.

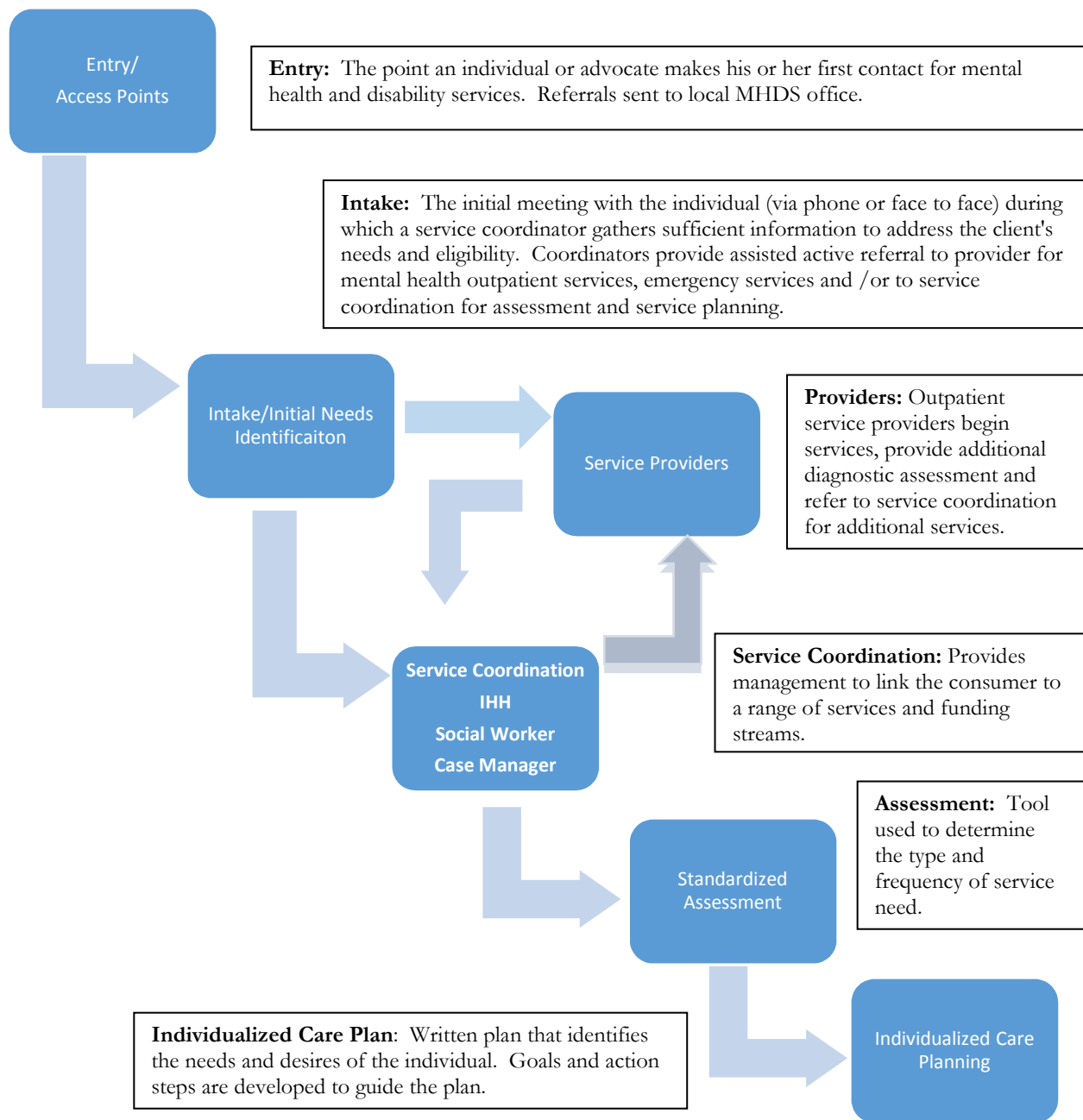
SEIL staff shall review the application within ten (10) calendar days from the received date stamped on the application to determine if all necessary information is present and complete on the application. If the application is incomplete a request for missing information shall be returned to the applicant giving them 10 calendar days to provide the missing information. Failure to respond with necessary information and/or to provide a fully completed application will result in a denial of funding.

A complete application will have all information filled out on the application form, required verifications, a copy of photo identification (if requested), releases, verification of insurance coverage and verification of denial of eligibility for other funding sources. If applicable, required verifications may include parole agreements and district court orders. The notice of decision will be issued within ten (10) calendar days of the submitted application being considered complete with all required verifications.

**Notice of Eligibility for Assessment.**

Once a fully completed application is received in a SEIL county office, SEIL staff shall determine if the applicant meets the general eligibility criteria within ten (10) calendar days. The notice shall inform the individual of the decision, an explanation of their right to appeal a decision, the appeal process and information to schedule the standardized assessment within ninety (90) days. Post determination of need via functional assessment, the standard timeframe for funding authorization of all necessary and immediate services is 10 days and/or as specifically identified below in the access and service authorization process.

Accessing services and service authorization continues at the local level. A new applicant for funding has the right to have eligibility for benefits determined as quickly as possible to ensure access to adequate services. County offices are responsible for eligibility determination and funding authorization to ensure rapid response in the manner described below. Key components include



### **Process:**

**Entry/Access Points:** The first point of contact for someone seeking mental health and disability services. Examples of entry points include Coordinator of Disability Services office, or any crisis/emergency services provider. Access points are required to send completed applications or referrals by the end of the working day that the contact is received.

**Referrals:** Intake staff located in county offices will take self-referrals or access point referrals

conducted with the individual's consent for the purpose of further assessment for care, treatment or funding. Referrals may be made from any part of service delivery system.

- **Self-Referral:** A consumer or advocate takes responsibility for contacting another service provider(s) to make a referral on their own behalf. The service provider will contact the local MHDS Office to determine funding for services.
- **Assisted Active Referral:** Service providers within the service system make a referral on behalf of a consumer. Assisted active referral includes:
  - initial verbal contact with the receiving agency
  - discussion about referral requirements
  - anticipated appointment time (waiting list considerations)
  - appropriate documentation forwarded
  - feedback to referring agency
  - determination of funding source(s)

**Initial Needs Identification:** Intake also provides initial brief screening and assessment for the purpose of appropriate referral to service provider. Referrals are prioritized based on presenting issues, needs, and risk assessment.

**Criteria for Eligibility:** If applicant meets the general eligibility criteria and needs treatment services, the intake staff will inform the applicant of the provider options and refer them to appropriate services with the provider of their choice.

If individuals need other services or supports the intake worker informs the individual what additional information or verification is needed and how to obtain that information. The intake staff also informs the individual what service and support are available. The service matrix including who is eligible to receive services and supports by eligibility group is included in Attachment A.

If individuals are eligible for case management or integrated health homes (IHH), intake staff will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services for support and are not eligible for case management or integrated health home, staff will refer the individuals to regional Coordinators of Disability Services (CDS) or social workers for service coordination.

**Service Coordination:** Case managers, IHH, CDS, or regional social workers provide another link to funding and providers. Those involved in service coordination may request regional funded services as needed. Service coordination will also assist in scheduling individuals for a standardized functional assessment if required.

**Assessment:** Individualized services are determined in accordance with the standardized functional assessment. The assessment will be used in the Individualized Care Plan to determine services and units of services funded.

**Individualized Care Planning:** Includes the gathering and interpretation of comprehensive assessment information, and creating strategies with the consumer about their ongoing care and support. Service coordination is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the consumer to identify goals

and implement strategies, actions and services to achieve those goals. This may involve linking the consumer to a range of services, identifying how self-management support, education and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

### Service Authorization

**Request for Services:** Service coordination and intake workers request services on behalf of the individuals based on the initial needs identification or standardized assessment. Requests for outpatient services will be handled by the intake workers. Timely eligibility determination includes the issuance of a **Notice of Decision (NOD)**. The Notice of Decision informs eligible individuals and/or their advocate and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment.

**Timeframes:** The timeframe for conducting eligibility determination shall not exceed 10 days. If a functional assessment is required it will be scheduled within 90 days. Once an individual's functional assessment is received, individuals will be referred for services to a provider of choice and issued a Notice of Decision within 10 days.

Crisis and Urgent services are not subject to standardized assessment. The need for outpatient services will be based on the mental health provider's intake assessment and treatment plan and according to the access standards outlined in the service matrix (Attachment A).

Following an assessment, consideration will also be made to assure that the service being requested is:

- Appropriate and necessary to the symptoms, diagnoses or treatment
- Within standards of good practice for the type of service requested
- Not primarily for the convenience of the individual or the service provider
- The most appropriate level of service which can safely be provided
- Beneficial to the individual and not available from alternative sources

When deemed appropriate, the region may contract with a qualified professional to review the plan for requested services.

### **Residency IC 331.394(1)a**

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, SEIL shall fund services and later seek reimbursement from the county of legal residence.

County of residence means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related

treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

### **Confidentiality**

SEIL is committed to protecting individual privacy. To that end, all persons, including SEIL staff, Governing Board, and others with legal access to protected health information and/or personally identifiable information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies, inspection by certifying or licensing agencies of the state or federal government and for payment of authorized services.

Procedures to assure confidentiality shall include:

- Individual's (or their legal guardian's) written consent shall be obtained prior to release of any confidential information, unless an emergency as stated above.
- Information or records released shall be limited to only those documents needed for a specific purpose.
- Individual, or an authorized representative upon proof of identity, shall be allowed to review and copy the individual record.
- Individual and related interviews shall be conducted in private settings.
- All discussion and review of individual's status and/or records by SEIL staff and others shall be conducted in private settings.
- All paper and computer files shall be maintained in a manner that prevents public access to them.
- All confidential information disposed of shall be shredded.
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms.

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, SEIL staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding. Individual files will be maintained for seven years following termination of service to the individual.

### **e. IT and Data Management**

SEIL will use the CSN system as infrastructure for information technology and data management for the region. SEIL will participate in and advise the ICSA and ISAC boards to ensure sufficient IT/Data capabilities within this system. Additionally, each county will continue to

utilize their own IT resources to ensure connectivity within the region (via. hardware, software, malware, security protection, and web based capabilities, etc.)

Existing and expanded IT and Data Management strategies will be utilized by SEIL to oversee access to and utilization of services, and population based outcomes, for the MH/DS involved population in the region, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, SEIL will integrate planning, administration, financing, and service delivery using utilization reports from both the region and the state including the following:

- inventory of available services and providers
- utilization data on the services

Results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

This information will be used for future planning in the annual service budget plan, improving the system of care, collaboration with agencies, decentralizing service provisions and provider network development. In addition, the data elements, indicators, metrics and performance improvement evaluations for system management will be continuously improved over time as the region develops increasing capability for managing the needs of its population.

**f. Administrative Processes (business and funds accounting procedure)**

The Chief Executive Officer will utilize member county employees to provide services to the Region and to staff the needs of the Region; however, the terms of all employment or contracts for staff shall be approved by the respective county board of supervisors. Staff shall include one or more coordinators of disability services, hired either directly by the Region or provided to the Region by member Counties. Coordinators must at a minimum meet state requirements.

The Region intends to utilize administrative staff of the member counties for the following functions and responsibilities:

- a) Public Relations, CEO;
- b) Intake, eligibility, resource and referral;
- c) Provider development, performance/outcomes based contracting and quality assurance;
- d) Policies, procedures, strategic plan development, grievances and appeals;
- e) Information technology, data management, reports, CSN and claims administration;
- f) Operations and training;
- g) Budget planning, risk management and financial reports;



SEIL is in the development stage of standardization and regionalization. The FY 15 budget was developed at the local level by the personnel of the individual counties. Region planning committee members and CPC administrators facilitated many discussions on the budgeting process at the local level. Recommendations were made as it relates to projected expenditures based on what historical data reflects as well as identified variables that have yet to be realized, i.e. ACA, Iowa Health and Wellness Plan enrollment/implementation, medical exemption enrollment, select service description definition, amendments and additions to Chapter 24, equalization funding, and Medicaid offset financial impact to regional systems of care. Additional funds beyond Levy/Equalization revenue (Fund Balance money) were budgeted for development and decentralization of core and core plus services. It is the Mission of SEIL to facilitate open, quality and comprehensive services to people with multiple issues in their lives. We will strive to be welcoming, hopeful and helpful to people who have complex MH/DS challenges, including trauma. Furthermore, as indicated in the SEIL Regional Management Plan, it is our objective to develop a system of care approach that is characterized by the following principles and values:

- Welcoming individualized and integrated services
- Provide access to comprehensive need based services
- Person centered and family driven
- Being able to sustain a quality of life in the community of choice
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

SEIL shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the MH/DS Plan, within the constraints of budgeted dollars and per legislative direction. SEIL shall be the funder of last resort and regional funds shall not replace other funding that is available. An individual who is eligible for other privately or publicly funded services and support must apply for and accept such funding and support and comply with requirements to remain eligible for such funding and support.

The SEIL accounting system and financial reporting to the Department of Human Services and the Department of Management will conform to Iowa Code 441- 25.13 (2) (331.391) and includes all non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which the region is a service provider or is directly billing and collecting payments.

Such expenses shall be managed by the region via one of the two below identified accounts:

**Regional Account (Fiscal Agent- Des Moines County)**

All equalization funds received by the member counties for purposes related to the Region shall be deposited into a Region account designated for such member county within 30 calendar days of receipt of such funds by the member counties. The Governing

Board shall determine annually the amount to be requested of the member counties for purposes related to the Region up to the maximum of one dollar per capita. The revenues will be deposited into a joint Regional account within 30 calendar days of member county levy collection. The Region Account funds, equalization and per capita contribution, shall be managed and administered by the fiscal agent of Governing Board in compliance with the law, direction from the Governing Board and other written policies of the Region. Funds will be expended according to the regions management plan. Funds of the regional account will be used for Governing Board regional administrative expenditures and as risk pool/service development funds for member counties to utilize for service cost if all other resources are encumbered. The SEIL Governance Board has designated the CEO as having authority to enter and present prospective expenditures of the regional account to the Governing Board for discussion of regional account funds utilization and claims approval.

#### **Member County MHDS Accounts (Fund 10)**

Levied property tax dollars and fund balances are the funds maintained by the member counties under the control of the Governing Board. Funds will be expended according to the region's management plan. Funds of the Member County MHDS Accounts will be used for administrative costs that are normal and customary to historical county expenditures and purchase of services for the residents of their respective member county unless otherwise directed by the Governing Board. The Governing Board has designated the member county Coordinators of Disability Service as having authority to enter and approve claims to the Member County MHDS respective accounts as per the policy and procedures of the SEIL management plan. Expenditures of the member accounts will be submitted to the CEO monthly from the local auditor's office in the form of a disbursement by department month end report and presented to the Governing Board for review.

The Region shall comply with Chapters 12B and 12C of the Iowa Code for deposit and investment of Region funds. Through the Region's budgeting process, it shall strive to use surplus funds for the development of additional services.

NOTE: The Regional Account and Member County Accounts will comply to all Generally Accepted Accounting Practices (GAAP) including delineation of duty and separate region structure internal accounting analysis/Quality Assurance processes. Accounts of the Region shall be audited annually by a certified public accountant certified in the state of Iowa, as selected by the Fiscal Agent.

## **g. Data Reporting and IT Requirements**

The SEIL annual report shall comply to provide information on the actual numbers of persons served, moneys expended, and outcomes achieved in the technology format required by the department.

Iowa Association of Counties hosts the Community Services Network (CSN), a data management system with the vision to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the DHS reporting requirements including client identifier, demographic information, eligibility group, expenditure data concerning the services and other support provided to each individual, as specified by the department.

Local offices will be required to participate in ongoing trainings for the CSN database. Each local office will be required to meet performance measures including:

- All applications entered or updated within 10 days of receipt of application.
- All bills will be processed through CSN prior to payment using established chart of accounts codes.
- All eligible bills shall be paid within 30 days of receipt of required documentation.
- All payments with approved funding authorizations are 100% compliant.
- Maintain 100% compliance with HIPPA.

### **Compliance with Data Reporting**

Fiscal Year 2015 annual reports will be completed by the Finance Committee and will encompass region-wide required data as requested by the Department of Human Services. All counties in SEIL currently utilize and will continue to use CSN to support both county and regional functions. All SEIL counties are required to use CSN for the following:

- Budget and finance
- Client demographics information
- Individual funding requests
- Claims
- Provider information
- Provider services and rates.

### **Data Reporting through System Evaluation**

The SEIL Governing Board, CEO, MHDS staff and the Regional Advisory Board will establish outcome measures in order to gauge performance and progress in the measurement domains identified in 2014 Code of Iowa 225C.6A: access to service, life in the community, person centeredness, health and wellness, quality of life and safety, and family natural supports.

SEIL will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. SEIL will initially use the statistical data from CSN to develop reports that will help to establish measures. Next, a determination will be made about what additional data should be collected, where the data will come from and what the cost is to collect the data. While statistical data can be generated through our current data system, information will also

need to be collected from providers as well as from service recipients and their families, requiring development of surveys. SEIL will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.

SEIL's initial focus is to develop a process to analyze data that aligns with Code of Iowa 225C.4 on the following:

- Access standards for required core services.
- Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in the region.
- Utilization rates for inpatient and residential treatment, including:
  - Percent of enrollees who have had fewer inpatient days following services.
  - The percentage of enrollees who were admitted to the following:
    - State mental health institutes;
    - Medicaid funded private hospital in-patient psychiatric services programs;
    - State resource centers; and
    - Private intermediate care facilities for persons with intellectual disabilities.
- Readmission rates for inpatient and residential treatment
  - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
    - State mental health institutes
    - Medicaid funded private hospital in-patient psychiatric services programs
    - State resource centers
    - Private intermediate care facilities for persons with intellectual disabilities.
- Employment of the persons receiving services.
- Administrative costs.
- Data reporting.
- Timely and accurate claims payment.

SEIL will include consumers and families in local stakeholders and regional advisory committees in all aspects of program planning, operations, and evaluation. The Regional Advisory Board, which includes Governing Board and MHDS staff, providers, consumers, and families from member counties, will participate in the following activities:

- Revisions of SEIL Policies & Procedures Manual
- Review of "best practices" standards
- Development of outcome and satisfaction measures
- Collection of stakeholder satisfaction information through interviews and focus groups
- Make recommendations for improvement of the service system

Please see Attachment B for more details on the functionality of CSN

## Attachment A

### Service Matrix

Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

Priority Services (IC331.25.3)	Description	Target Populations of MI and ID	Additional Population	Access Standards
<b>Assessment and evaluation</b> ( Psychiatric or Psychological Evaluations and Standard functional Assessment)	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	MI, ID	DD	Assessment completed within 90 days of notice of enrollment. Individual who has received inpatient treatment shall be assessed within 4 weeks.
Case management (Targeted Case Management and Service Coordination)	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	MI, ID	DD	*Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility
Crisis evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.	MI, ID	DD	Within 24 hours

Day habilitation	<p>Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.</p>	MI, ID	DD	Standardized Assessment support the need for this service
Family support	<p>Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.</p>	MI, ID	DD	Standardized Assessment support the need for this service
Health homes	<p>A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.</p>	MI, ID	DD	Standardized Assessment support the need for this service

Home and vehicle modification	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	MI, ID	DD	Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.
Home health aide services	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	MI, ID	DD	Standardized Assessment support the need for this service
Job development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	MI, ID	DD	Referral shall be within 60 days of request for such service.

Medication management	Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.	MI, ID	DD	Standardized Assessment support the need for this service
Medication prescribing	Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	MI, ID	DD	Standardized Assessment support the need for this service
Mental health inpatient treatment	Acute inpatient mental health services are 24-hour settings that provide services to individuals With Acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.	MI, ID	DD	Shall receive treatment within 24 hours available at inpatient mental health services at any state or private mental health unit in Iowa at host region contractual rate in the absence of a contract, SEIL shall reimburse at the current Medicaid rate financial eligibility will not be assessed in the case of involuntary inpatient hospitalizations



Mental health outpatient therapy	Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	MI, ID	DD	Emergency within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact routine: within 4 weeks of request for appointment
Peer support services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	MI, ID	DD	Individuals receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area
Personal emergency response system	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	MI, ID	DD	Standardized Assessment support the need for this service
Prevocational services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	MI, ID	DD	Standardized Assessment support the need for this service
Respite Services	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	MI, ID	DD	Standardized Assessment support the need for this service

Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	MI, ID	DD	Standardized Assessment support the need for this service
Supported Community Living Services	Services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.	MI, ID	DD	First appointment shall occur within 4 weeks of the request For HCBS and Habilitation sight services funding is limited to 90 days to allow for Medicaid eligibility to be established
Twenty four hour crisis response		MI, ID	DD	24 hours a day, 365 days a year provided through community mental health centers
Commitment Related (Evaluations, Sheriff Transport, Legal Representation, Mental Health Advocates	Court ordered services related to mental health commitments Attorney Fees will be paid at the amount established in IAC 815.7(4)	MI, ID	DD	Court order Financial eligibility will not apply to these cost centers
<b>Priority 2 or/Beyond Core Services</b>	<b>Description</b>	<b>Target Populations</b>	<b>Additional Population</b>	<b>Conditions</b>

Voluntary Dual Diagnosis treatment (Mount Pleasant)	Treatment services for severe mental illness (mainly psychotic disorders) and problematic drug and/or alcohol use.			
Transportation	Transportation to day habilitation and vocational programs			
Supported Housing	Access to the support services to obtain/ retain housing in a private and secure place like other members of the community with the same rights and responsibilities			Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement Agreement with a county or the region and submitted a medical exemption for Medicaid Standardized Functional Assessment must support the need for this service within the framework of individual treatment need.
Information; Referral Services	Service that informs individuals of available services and programs			
Public Education Services	To educate the general public about the realities of mental health and mental illness.			
Homemaker services	Homemaking and personal care services			
Prescription Medicine	Prescription psychiatric medications for persons having a mental health diagnosis			

Residential Care Facilities	Community facility providing care and treatment	MI, ID	DD	Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan funding is limited to 90 days to allow for individualized and integrated service eligibility to be established.
Peer Drop In	Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.	MI, ID	DD	

## **Attachment B**

County Community Services Network (CSN) **Mental Health | General Assistance | Substance Abuse | Case Management |ETC**

The CSN software package includes the following functionality; Client Management (PHI), Provider Management, Service Authorizations, Electronic Claims Filing and Processing, Targeted Case Management, Case Management Electronic Billing, Reporting, Financials and Budgeting, Entity Profiles, User profiles, Extensive role based security, Flexible Entity Access, AdHoc Reporting, and an Electronic Clearing House. Currently 98 counties and, approximately 40 case management agencies use CSN to manage their business. There are 500 users and over 200,000 clients.

### **Functionality**

Client Management

Demographics

Medical and Prescription drug Information

Provider Management

Authorizations for Service

Claims

Electronic claims

Adjudication against Funding Authorizations and other requirements

Multi-step review process

Voucher & Remittance Advice Generation

Electronic submission to the Auditor's Accounting Software & Reconciliation

Case Management

Service Authorizations

Management of Goals and Outcomes

PDF Form generation as mandated by Iowa Code

Extensive Client Contact tracking

Quality Review

Electronic Billing & Receivables

Reporting

AdHoc Reporting (July 1)

Canned reports

State Compliance reporting

Financials

Flexible Budgeting & Revenue Tracking & Reports

Custom General Ledger codes per Entity

User profiles

Extensive security based on HIPAA regulations (this is expanding)

Flexible Entity Access

County, region or provider (limited) based

Users may be affiliated with multiple entities and providers

We also maintain an electronic clearing house for our providers.

### **Contact Information**

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